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CONFIRMATION NO. 3255

SERIAL NUMBER 10/003,011	FILING DATE 11/01/2001  RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. PA-5270-RFB
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/245,811 11/03/2000 *YES PPH*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none PPH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/26/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>PPH</i> Initials	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Medical grasping device

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